TION is very important.

V. S. No. 1

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3979

1. PLACE OF DEATH	9%
County Caroline	Registration Dist. No. 64
Village or City Federalsburg	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 6 yes 3 mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foraign birth? yrs. mos. ds.
2. FULL NAME Charles Linwood Bailey (a) Residence: No. Federalsburg, Md.	
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male  4. COLOR OR RACE  White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  April 6 ,193.7 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Katie V. Bailey	22. IMEREBY CERTIFY, That I attended dacaased from
6. DATE OF BIRTH (month, day, and year) August 8, 1882	I last saw h_AA_ alive on april 9, 193?; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date state above, at 1:30 - m. m.
min.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER Lumber & Wood SAWYER, BOOKKEEPER, etc. Lumber & Wood	7/4/
A Mindustry or business in which Business	Chien Myocardeles 1934
kind of work done, as SPINNER. Lumber & Wood SAWYER, BOOKKEEPER, etc. Plumber & Wood work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (months and	1/30
This occupation (mighting energy C 2 Shellf III (III2	
year) GLLLL occupationLLLT	Other Contributory Couses of Importance;
IZ. BIRTHPLACE (city or town) Quantico (State or country)	Auto Police
	Color of Colling 4/6/3/
E Wilcomico County	Marie
14. BIRTHPLACE (city or town)   WICOMILEO COUNTLY (Stata or country)	What test confirmed magness Mass + 12 M3 Was there an autopsy
	What test confirmed maggious with the confirmed maggious was there an autopsy!
15. MAIDEN NAME Jennie Pollitt  16. BIRTHPLACE (city or town) Wicomico County	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Md.	Where did Injury occur?
17. INFORMANT Mrs. Katie V. Railey (Address) Federal sburg, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Hebron, Md. Date Apr. 8 ,19.37	Nature of Injury
19. UNDERTAKER J. J. Framptom & Son (Addrass) Federal sburg Md.	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED april 7, 1937 S. J. Fram Stong Registrar.	(Signed) tresh My Clypleg son M. D. (Addrass) Lederal Jung Med
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVEU	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 4 1937	July 5,1927	Peritonitis	3 days ago
PAREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

V. S. No. 1

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OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 398	5()
1. PLACE OF DEATH	(31)	
County Cardens	Registration Dist. No. 62	/
Village or City Heart Deulan	No. St.	Ward
	death occurred in a hospital or institution, give its NAME instead of street and numds. How long in U.S. If of foreign birth?	
2. FULL NAME John Telghunan Bak	If U.S. Veteran specify WAR	
(a) Residence: No.   (Usual place of abode)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH, 18	3/
5a. If married, widowed, or divorced?	(Month) (Day)	(Year)
HUSBAND of Blevla. Drafer	22. THEREBY CERTIFY, That I attended dece	ased from
6. DATE OF BIRTH (month, day, and year) Zunn. 20 4 1874	I last saw h . um alive on april 14 , 1937 de	eath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at S_Am.	
62 10 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER,	0.	ate of eneet
SAWYER, BOOKKEEPER, etc.	arlerio (Cllims	1932
9. Industry or business in which work was done, as SILK MILL,	arteris religitio Heart Desease	1932
this occupation (month and spent in this	Outris Mervin Hedny Derras	1932
year) occupation occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Class & Land And Control (State or country)	* * * * * * * * * * * * * * * * * * * *	
II 13. NAME aler Bakers		
E CONTRACTOR		
14. BIRTHPLACE (city or town)	Name of operation	
15. MAIDEN NAME BOLLAGE BORABERS	What test confirmed diagnosis? Was there an autop	)sy?
# Comment	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Mers Juliel 3 fer (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL  Place Copy 2 19 3	Manner of injury	
	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?	······
19. UNDERTAKER (Addiess)	if so, specify	
1/1 27 h 1004 -0	(Signed) Hauf Motts	M D

(Address) \_\_\_\_\_

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	16 4 4000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

See instructions on back of certificate.

TION is very important.

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3981
1. PLACE OF DEATH	93-0
County Carvelile le	Registration Dist. No. 43
Village or City Rear Presture	NoSt.; Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? 30 yrs. mos. ds.
Rid a land	
2. FULL NAME / CELLAND / SANCEV	If U.S. Veteran epecify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Wall  Watte	21. DATE OF DEATH April 8 1, 1937
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Rellie Baker	22. CHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nav. 29 7 - 1877	I last saw h Lux alive on Avy - 7 th , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.30 A.m.
58 0 10 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, p ofession, or particular kind of work done, as SPINNER, Prainter & Frammer	Teneral arterio-Sclervis 1931
Industry or business in which work was done, as SILK MILL,	1
10. Pata deceased last worked at this occupation (month and 5 4%) 11. Total time (years) all spont in this year) 11. Total time (years) all spont in this year)	
12. BIRTHPLACE (city or town) Oldebrook (State or country)	Other Contributory Causes of importance:  Columnic Myveardites 1933
I 13. NAME Sarrel Baker	
14. BIRTHPLACE (city or town)	Name of operation Date of
15. MAIDEN NAME LEURNOUN	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or coun'ry)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jarrett Baker (Address) Printing Md	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Present Md Date april 9 11, 1937	Manner of Injury
19. UNDERTAKER Mauril E. Newsgur Voy	24. Was disease or injury in any way related to occupation of deceased?
(Address) Cadhai ma.	If so, specify
20. FILED Phase 9 1937 Johnson B. Horass	(Signed) Nelleau Dequeux M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I E D	į	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial mephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage.	July 5,1927	Peritonitis	3 days ago
-			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

NLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDIN N. B. WRITE PLA

V. S. No. 1

1. PLACE OF DEATH		(31)	,
County Corolina	<i>h</i>	Registration Dist. No6_	6
Village or City / Cult	11 1	No. St.,  St.,  [f death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence In city or town	where death occurredyrs mo	sds. How long in U.S. if of foreign birth?yrsr	nosds.
2. FULL NAME Jose	pl Glarles 13	ellow If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town an	d State
PERSONAL AND STA	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RAC	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 7
Sa. If married, widowed, or divorced			(real)
HUSBAND of Cor) WIFE of Elizabeth	Miriam Bellow	22. I HEREBY CERTIFY. That I amended	d deceesed from
6. DATE OF BIRTH (month, day, and yeer)	January 16 1861	I lest saw h IM alive on april 13 , 13 /	; death Is said
7. AGE Years Mon	//	to have occurred on the date stated above, at/1.25 H.m.	
76 2	2 7   1 day,hrs	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importence were es follows:	Date of onset
8. Trade, profession, or perticular	P		Date of onset
kind of work done, es SPINNI SAWYER, BODKKEEPER, etc.	Tanne	Clipane Neplenting 6	e man
work wes done, es SILK MILL	Farm	Cleranic myocardities (	e mas
To: Date deceased last worked et	11. Total time (yeers) /).		
this occupation (month and year)	11. Total time (yeers)		
10 DIDTUDE LOT (situate to 2)	an anne Pa	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Clubs (State or country)	- Tul	Brancho hamania	4-10-3
13. NAME Willis	m Betton	The state of the s	(
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Queen anne Co	Neme of operation	
(State or country)	a my	1 / lungh	autopsy? 26
15. MAIDEN NAME MANY	- Ellen Collohan	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME MANY  16. BIRTHPLACE (city or town)	dreen ange lo	Accident, suicide, or homicide? Dete of Injury	, 19
E (State or country)	-nig	Where did injury occur?	
17. INFORMANT Mus Joseph (Address)	line Shockley (day)	(Specify city or town, county and St.	LACE.
18. BURIAL, CREMATION, OR REMOVAL	1 01 11	Menner of injury	
Place Dentin	nd_Date_Ufre_/6_, 193.7	Nature of injury	
19. UNDERTAKER RANGE (Address)	Paulingo Md	24. Was disease or injury in any way related to occupation of deceased? 7	uo
20. FILED april 15, 19.37	Javis Registrar.	(Signed) July (Addiess) And Media The	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: EIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis MAY & 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage :	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied.

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actives Coroner

1. PLACE OF DEATH County Corolins		Registration Dist. No. 6/	
Village or City Steen  Langth of rasidance in city or town whara		No. St.,	d number)
2. FULL NAME Mari (a) Residence: No.	on Brown is two (Usual place of abode)	St., Ward.  If u. S. Veteran, specify WAR.  St., Ward.	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	., 193. 7 (Year)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Mary Br	sum !	22. I HEREBY CERTIFY, That I attende	d dacaasad from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  7. Months  8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Days If LESS then 1 day,hrs. ormin.	to have occurred on the date stated above, at 5.10 pm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware a follows:	; death Is said
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	Other Contributory Causes of Importence:	Unkno
12. BIRTHPLACE (city br town) (State or country)  13. NAME Wick and	nd. Brown	Sugar Separatio	
13. NAME Week on 1. 14. BIRTHPLACE (city or town)	ud.	Neme of operation Date of What tast confirmed diagnosis? Was there as	
15. MAIDEN NAME Marshu  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	d. Brown	23. If death was due to externel causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and S Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	, 19
18. BURIAL, CREMATION, OR REMOVAL Place Year Suemo true	0 Date afric 20, 1937	Manner of Injury	
19. UNDERTAKER R. B. K. (Addrass) Street 20. FILED april 20, 1937 L.	awlings: Mar Figura.	24. Wes diseese or Injury In any wey related to occupetion of deceased?  If so, specify (Signad)  (Address) (Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	assemily rest
The principal cause of importance were	of death and related tauses as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 4 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	HUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
		~		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones	Bosh-	May 1,1923	Gastroenteritis	1 year
			· ·	

V. S. No. 1

STATE	OF	MARYI	AND	-CFRT	TEICA	TF	OF	DEATI
JIAIL			$\Delta$	OLIV!	11 10/			

3984

1. PLACE O	F DEATH			(23)	
County	Caroline			Registration Dist. No. 4.3	
Village or (	city Prestor	n, Md.	(If	NO. St.,St.,Steath occurred in a hospital or institution, give its NAME instead of street and n	
Length of res				sds. How long In U, S. if of foreign birth?yrsmo	sds.
2. FULL NA	ME Gootee E	e. Chris	topher	If U. S. Veteran, specify WAR	
(a) Resider	nce: No. Pa	ceston.	Md . of abode)		
	NAL AND STATISTI			MEDICAL CERTIFICATE OF DEATH	
s. sex Male	4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCE	RIED, WIDOWED,	21. DATE OF DEATH  (Month) (Day)	193_7 (Year)
5a. If merried, widow HUSBAND of (or) WIFE of	ved, or divorced  Laura V. Cl	nristoph	ner	22. I HEREBY CERTIFY, That I ettended of July 21 17	
& DATE OF BIRTH	(month, dey, end year)	Jan. 1st	1868	1 last saw h. 1.71 elive on 40 kg. 1. 1. 198.2.	
	ers Months	Days	If LESS than	to heve occurred on the dete steted above, etm,	, 00011113 3010
60	- C	71.03	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence	
8. Trade, profe	ession, or perticular work done, as SPINNER, t, BOOKKEEPER, etc.	oreman	ormin.	Pulminury Hemorrhoge	April 17
9. Industry or work we	business In which Ross done, as SILK MILL, LL, BANK, etc.		struction		
10. Date decease this occurry year)	sed lest worked et upetion (month and	11. Totel ti sper	me (yeers) It in this 1.2		
12. BIRTHPLACE (ci	ity or town)Will:	iston		Other Cautribatary Causes of importance:  Aronic Fibroid Biloloral  Palminary Typercologis	
13. NAME	Silas E. Chi	ristophe	ירי		*******
14. BIRTHPLACI	E (city or town) Will r country)	liston	īđ.	Name of operation	
	AME Ellen Duke				
16. BIRTHPLACE		New Ma	rket	23. If death wes due to externel causes (VIOLENCE) fill in elso the following  Accident, suicide, or homicide? Dete of injury	
	E. B. Bl:		ivid.	Where dld Injury occur?(Specify city or town, couoty and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	;) (CE,
	rion, or removal Preston, Md.			Menner of Injury	
19. UNDERTAKER (Address)		is & SO	n	24. Was disease or injury In any wey releted to occupation of deceased?	No
20. FILED Paper	119,1939 8		Africa .	(Signed) Turker D. Turner.	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis FIVEI	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 5 1937	July 5,1927	Perilonitis	3 days ago
BUREAU V. S			1
Other contributory causes of importances	and the same of	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis <sup>3</sup>	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN

MARGIN RESERVED FOR BINDIN

3985

1. PLACE OF DEATH		(I3I)	
County Caroline			Registration Dist. No. 62
Village or City/ Decel	ow.	No.	St., Ward
Length of residence in city or town where			n, give its NAME instead of street and number) preign birth?
Cw2.00	. 1.9	0	
2. FULL NAME Affille	10 -		WAR
(a) Residence: No.	(Usual place of abode)	St.,Ward.	If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CE	RTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Chail 29 , 193 J.
5a. If married, widowed, or divorced	^		(03)
HUSBAND of Gatie M.	Messich Techee	Chul 20	CERTIFY hal I attended deceased from 37, to Uffer 29, 1937
6. DATE OF BIRTH (month, day, and year)	Law. 6"- 1864	I last law he alive on	11 128 , 1937; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated a	
73 3	23 ormin.	The PRINCIPAL CAUSE OF DEATH were as follows:	end related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	2 margaret		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Trondro	All Comments	and Willet 1930
work was done, as SILK MILL, SAW MILL, BANK, etc.		moure receipt	en ryunes 1730
10. Date deceased last worked at this occupation (month and	11. Total lime (years) spent in this		
year)	octupation	Other Contributory Causes of imports	
12. BIRTHPLACE (city or town)	urrsville.	Other Combinatory Causes of Importa	mee.
(State or country)	externed.		
13. NAME Policiam a	Colee		
14. BIRTHPLACE (city or town)	Α	Name of operation	Dete of
(State of Country)	Wex.	What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NAME Devely	Dell	23, if death was due to external cause	s (VIOLENCE) fill in also the following:
15. MAIDEN NAME Teach &		Accident, suicide, or homicide?	Date of injury, 19
(State or country)	Neg.	Where did injury occur?	(Specify city or town, county and State)
17. INFORMANT	it steall	Specify whether injury occurred in I	NDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	premi deg.	Manner of Injury	
Place Decetor Oer	Date May . 2 , 193/	Nature of injury	
19. UNDERTAKER O. Tiegel	acrost	24. Wes disease or injury in any way	related to occupation of deceased? The
(Address)		if so, specify	$\rightarrow$
20. FILED 4-30 , 1937 /m.	Al George Registrar.	(Signed) Allusio	n O Teorge M.D.
	Aegistrar.	. (1) (1) (2)	

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Example I		Example II	
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Chronic interstitial nephritis E WED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAY 6 1937			-
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE (	OF MARYLAND—	CERTIFICATE OF	DEATH	3986
1. PLACE O	F DEATH	4	12.1		1
County	earoliel	,	Ro	egistration Dist. No.	Oh.
Village or C	ity Depu	luce	No	St,	Ward
Length of resi	idence in city or town where		death occurred in a hospital or institution, gi	ive its NAME instead of street and gn blrth?n	
2. FULL NA	ME ZALLER	and Millio Con	UTLASS, Veteran specify WA		
(a) Residen		Wester Con	St. Ward.	AV: ====================================	· ====================================
		(Usual place of abode)		f nonresident give city or town and	d State
		ICAL PARTICULARS		IFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	nth) (Pay)	, 193 / (Year)
5a. If married, widow WWODANE of (or) WIFE of	Sara	la Lewis	Mary 201	ERTYEY That I attended	deceased from
6. DATE OF BIRTH	(month, day, and year)	21 ainct 1867	I last saw h. M. alive on U	2,2 193	7; death is said
7. AGE Yea		Days   If LESS than	to have occurred on the date stated abov	e, at J. Ponm.	,
about	70	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and were as follows:	related causes of importance	Date of enset
E SAWYER,	ssion, or particular work done, as SPINNER, BOOKKEEPER, etc	showen,	Fibar Anei	lmonja	3-29-37
9. Industry or work was	business in which s done, as SILK MILL, L, BANK, etc				/
10. Bate decease this occur	ed last worked at pation (month and	11. Total time (years) spent in this occupation			
12. BIRTHPLACE (cit (State or cour		etore.	Other Coatributary Causes of Importance	:	
13. NAME	61	unher			
	(city or town)	Denlar	Name of operation	Date of	711)
15. MAIDEN NA	ME auni	e Fremain.	23. If death was due to external causes (V		
15. MAIDEN NA  16. BIRTHPLACE  (State or	(city or town)	Denton	Accident, suicide, or homicide?		
17. INFORMANT (Address)	Chos, (	Lewis		pecify city or town, county and Sta ISTRY, In HOME, or In PUBLIC PL	ite) LACE,
18. BURIAL, CREMAT	TION, OR REMOVAL	Date Ofer 9 "1	Manner of Injury	L	1
19. UNDERTAKER	19 Ving	illier	24. Was disease or injury In My way seta	ited to occupation of deceased	10
20. FILED.4/9	, 1937 /m A	O Genye Registrar.	(Signed)	tou m	M. D.
	**	Acgustat,		in the or the advantage of the state of the	1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURNALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

3987

1	. PLACE OF	DEA'	TH .	- T	•			
	County	Car	oline			Registration Dist. No. 63	)	
	Village or Ci	ty	Near Pr	eston		NoSt., f death occurred in a hospital or institution, give its NAME instead of street and	Ward	
	Length ol resid	ence in ci	ty or town where d	eath occurred		sds. How long is U.S. if of foreign birth?yrs.		
2	. FULL NAN	/E	Un-name	d, Fost	er.			
	(a) Residence	e: No	Near	Presto (Usual place	n, Md.	St, Ward.  If nonresident give city or town as	nd State	
344	PERSON	AL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX  Male  4. COLOR OR RACE Col.  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single					D (write the word)	21. DATE OF DEATH  April 3,  (Month) (Day)	., 193. 7 (Year)	
5a.	II married, widowe	d, or divo	rced			22f HEREBY CERTIFY, That I attende	d decreed from	
-	(or) WIFE of							
6.	DATE OF BIRTH (	nonth, da	y, and year)	pril 3	1937.	I last saw h alive on, 19		
7.	AGE Year	S	Months	Days	If LESS than	to have occurred on the date stated above, etm.		
		0	0	1 - 0	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
NO	8. Trade, profess kind of we	ork done.	as SPINNER.	Tomo				
OCCUPATION	9, Industry or b	usiness in	PER, etc.	Mone		Still born.	**	
CUP	Work was SAW MILL	done, as S ., BANK, o	SILK MILL, etc			-		
Ö	10. Date decease this occup	ation (mo	nth and	spa spa	ime (years) nt in this	(No physician in		
_					pation	Other Contributory Causes of importance:		
12.	BIRTHPLACE (city (State or count		Near	Preston	, Md.	-		
E S	13. NAME	Chas	. F. Fe	ster				
FATH	14, BIRTHPLACE (State or		own)Ne	ar Pres	ton.	Name of operation Dete of Dete of What test confirmed diagnosis? Was there are		
ER	15. MAIDEN NAN	IE	Lillie	Friend		23. If death was due to external causes (VIOLENCE) fill In also the Iollowi	ng:	
15. MAIDEN NAME Lillie Friend  16. BIRTHPLACE (city or town) Near Preston, (State er country)				ar Pres	ton,	Accident, suicide, or homicide? Date of injury, 19		
17.	INFORMANT(Address)	C)	has. F.	Fester Presten		(Specify city or town, county and Si Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F		
18.	BURIAL, CREMATI		REMOVAL easant	Oate3	4-37,19	Manner of Injury		
19.	UNDERTAKER	Cha	s.F.F	oster		24. Was disease or Injury In any way related to occupation of deceased?		
	(Address)			st/on,	Nd.	if so, specily	1	
20.	FILED Apri	13.,	19.37	ships /	3. Harre	(Signed) Preston, Md.	istramo.	

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Chronic interstitial nephritis	1921	Run over by street car
Cerebral hemorrhage	July 5,1927	Positonitia
		Legi S AVIII 3 days 190
Other contributory causes of importance:		Other contributory causes of importance:
Garanes	May 1,1923	Gastroenteritis 1 year

Lau		
All and the second	A	

# STATE OF MARYLAND—CERTIFICATE OF DEATH

County	Caro	TTIIC.			Registration Dist. No. 64		
Village or Langth of r	CityN	ear Fe	deralsbu	1rg (1 8 yrs mo	No. St., f death occurred in a horpital or institution, give its NAME instead of street and is. How long in U.S. if of foreign birth? yrs. m	War number) osd	
2. FULL N	AME	Anni	e Elizal	eth Harp	er If U. S. Veteran, specify WAR		
(a) Resid	ence: No			Md. R.F	• D St., Ward.  If nonresident give city or town and	State	
PERSC	NAL AND	STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX Female  4. COLOR OR RACE White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) Married Married					21. DATE OF DEATH  April 20  (Month) (Day)	, 193 <sup>7</sup> 7 (Year)	
e. If married, widowed, or divorced HUSBAND of (or) WIFE of Elisha Harper					22. I HEREBY CERTIFY, That I attended  Nov 1976, to Physics 20	deceased fro	
6. DATE OF BIRT	H (month, day,	and year) Ja.	nuary 4	1865	I last saw h.e.): alive on April 20 ,193	; death is sa	
	ears 72	Months 3	Days 16	If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, at 1:15 m m The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse	
kind ol work done, as SPINNER, House work  9. Industry or business in which work was done, as SILK MILL, Own home  SAW MILL, BANK, etc.  10. Data decaased last worked at this occupation (mouth and year)  12. BIRTHPLACE (city or town) Dorchester County					Other Contributory Causes of Importance:	1920	
(State or c		Nathan	iel Le (	Compte	- Insulier	17!	
13. NAME  14. BIRTHPLA  (State	CE (city or tov	vn) Do	rcheste	County Md.	Name of operation Date of What test confirmed disapposition MAN Was there an aut	utoney?	
15. MAIDEN	NAME	Marg	aret Wi	llin	23. If death was due to external cruses (VIOLENCE) fill in also the following		
15. MAIDEN  16. BIRTHPLA  (State	CE (city or tow or country)	vn) Dorc	hester (	County "d.	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19	
17. INFORMANT (Address)	17.INFORMANT Elisha Harper				(Specify city or town, county and Stal Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.	
18. BURIAL, CREM		MOVAL		11 22 19 37	Manner of Injury		
		Framp	tom & So	n	24. Was disease or injury in any way related to occupation of deceased?	no	
20. FILED april 21, 1927 J. S. Fram Jotom.				mototom	(Signed) fronk 11. Gydlers	111	

V. S. No. 1

N. B.

should state

PHYSICIANS

stated EXACTLY. properly classified. E

PERMANENT RECORD, Every

MARGIN RESERVED I UNFADING INK-THIS

AGE should be

IUSE OF DEATH in plain terms, so that it may

should be carefully supplied.

FOR BINDI

Exact statement of OCCUPA-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis . A 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
ALMEAN V. B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.

STATE OF M	ARYLAND-	CERTIFICATE OF DEATH 3989
1. PLACE OF DEATH		107-01
County Le ardeuse		Registration Dist. No. 62
Village or City Occasion	- A	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occu		sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Learnings	melinin	LACYL Veteran enecify WAR.
(a) Residence: No.	culture of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL I	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR D	LE, MARRIED, WIDOWED. OVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced		(Month) (Day) (Year)
HUSBAND of (or) WHEE of		22. THEREBY CERTIFY That I attended deceased from
	1 15 14 19 2	19 to 19 1.
6. DATE OF BIRTH (month, day, and year)	17-192	I last saw harman alive on
TO THE MONTH OF THE PARTY OF TH	Days if LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
	ormin.	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Drawn Strain
	***************************************	- Coman Communa
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and	1. Total time (years) spant in this	
year)	occupation	Other Cantributery Causes of Importance:
12. BIRTHPLACE (city or town) Alexatary (State or country)	Zeed:	
13. NAME L. WILL TO	10hum	
E	France	
14. BIRTHPLACE (city or town)	greelased	Neme of operation
15. MAIDEN NAME FORM 60	a let and	What test confirmed diegnosis?
15. MAIDEN NAME Frew Dy	1	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	restand	Accident, suicide, or homicide?
Land Land	1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Dellan	Specify whether injury occurred in INDUSTRY, in NOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	Ola Villa	Manner of injury
Place Jullow Quel Date	198/4,193	Nature of Injury
19. UNDERTAKER Jingel	Gesor	24. Was disease of injury in eny way related to occupation of deceased?
52	German	if so, specify Amelian The Market State of the State of t
20. FILED 4-14, 193//hahl	Registrar.	(Signed) M. D.  (Address) Clubs M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	-	Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial-nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		encommo en esperante de la companya		

## STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE	OF DEATH			1657	
County	Caroline			Registration Dist. No. 64	
	r City <u>Near Fed</u>		(10	No. St.,  'death occurred in a hospital or institution, give its NAME instead of street and r  ds. How long In U.S. if of foreign birth? yrs. ma	Ward
2. FULL N	AME John	W. Howar	d.,R.F.D	If U. S. Veteran, specify WAR	
PERSO	NAL AND STATIS	(Usual place		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
s. sex Male	4. COLOR OR RACE White	5. SINGLE, MAR OR DIYORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH April 19 (Month) (Day)	, 193
5a. If married, wid HUSBAND of (or) WIFE of	f	ora Howai	rd	22. I HEREBY CERTIFY, That I attended	deceased from
7. AGE	H (month, day, and year) Yeers Months	Feb. 18m Days	1876  If LESS than 1 day,hrs. ormin.	I last saw h	
9. Industry of work SAWY	ofassion, or particular of work done, as SPINNER, ER, BOOKKEEPER, etc or business in which was done, as SILK MILL, MILL, BANK, etc eased last worked at ccupation (month and	Own farm	ime (years) ntin this Life upation	other Coatribatory Causes of Importance:	
12. BIRTHPLACE (Stata or c		roline Co			-
13. NAME		ick Howan			-
. 7	ACE (city or town) Car	oline Cou	Md.	Name of operation	
		allie And aroline (		23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following Accident, suicide, or homicide? Aux Eule Dete of injury April Where did injury occur? When Julian	4 120
17. INFORMANT(Address) 18. BURIAL, CREM	Federals		,R.F.D.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL.  IN a base of the Manner of Injury Ma	ACE.
Place P. C.  19. UNDERTAKER (Address)				Neture of Injury  24. Was disease or injury In any wey related to occupation of deceasad?  If so, specify	0
20. FILED Ann	.19 ,1937 5	.J. Fra	nn Tom.	(Signed) Herry to Variable all 19	Ind

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis ' '	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	I week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
L. VEAU V. S.			EN I DE	
Other contributory causes of importance:	10000	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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V. S. No. 1

STATE O	F MARYI	AND-	-CERTIF	ICATE	OF	DEATH
JINIE		-/11/2	OLIVIII			

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9	)	W	W	A.

1	L PLACE OF DEATH			<b>E</b>	,	
	County Caroline				Registration Dist. No.	3
	Village or City Prestor					
	Length of residence in city or town where					
2	2. FULL NAME Martha	Rebecca	Hubbard	If U. S. Veteran,	specify WAR	
	(a) Residence: No.	(Usual place o			If nonresident give city or town	
	PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL C	ERTIFICATE OF DEAT	н
	SEX 4. COLOR OR RACE Female White	5. SINGLE, MARK OR DIVORCED	tied, Widowed, (write the word) dow	21. DATE OF DEATH	affile 13-	, 193.7 (Yeer)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Mart:	in Hubba	rd		CERTIFY, That I atten	
6.	DATE OF BIRTH (month, dey, end yeer)	rep. 15-	1864		pr. 1.13 ,19.	
	AGE Yeers Months	Days 2.8	If LESS than 1 day,hrs.		ed above, at	
NO	8. Trede, profession, or perticuler kind of work done, as SPINNER.	Home	l ormin.	Sulnumary	Edeugn	Date of onset
OCCUPATION	SAWYER, BOOKKEEPER, etc					
000	10. Date deceased lest worked at this occupation (month and year)	11. Total til	me (yeers) t in this petion			
12	BIRTHPLACE (city or town)					
2		Md.,		./		1 10
FATHER	13. NAME James 5.	Thompson				//
FA	14. BIRTHPLACE (city or town)	aryland			Date Wes Ihere	
ER		et Lord			uses (VIOLENCE) fill in elso the follo	
MOTHER	16. BIRTHPLACE (city or town)			Accident, suicide, or homicide?	Dete of Injury	, 19
17	INFORMANT Mrs. scrti			Specify whether injury occurred I	(Specify city or town, county and INDUSTRY, In HOME, or In PUBLI	State) C PLACE,
1-	B. BURIAL, CREMATION, OR REMOVAL Plece Linchester		7 / 19 37	Menner of Injury		
-	O. UNDERTAKER W. H.	1 -	Ma.,		vey related to occupation of deceased	11
20	J. FILEU. 59.5. A. W	19/30	Registrar.	(Address)	eslow Marylan	ease

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Evennle II

Example 1	il	Example 11		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAY 5 1931	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied.

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No. St., death occurred in a hospital or institution, give its NAME instead of street and number)			
No. St., death occurred in a hospital or institution, give its NAME instead of street and number)			
ds. How long In U.S. iI of loreign birth?yrsmos			
If U. S. Veteran, specify WAR			
St.,Ward.  If nonresident give city or town and State			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH  April (Month) (Day) (Yei			
22. I HEREBY CERTIFY, That I attended deceased			
to have occurred on the date stated above, at _9.3e.P. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Oate of			
Other Coutributory Causes of Importance:			
Name of operation			
What tast confirmed diagnosis? Was there an autopsy?:			
23. If deeth was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?			
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  Manner of Injury			
Nature of Injury  24. Was disease or injury in any wey related to occupation of deceased?			

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Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

OCCUPA.

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Caroline County Registration Dist. No. Village or City Federalsburg No. \_\_\_\_St., \_\_\_\_Ward (II death occurred in a hospital or institution, give its NAME instead of street and number) If U. S. Veteran, specify WAR\_\_\_\_\_\_ Francis E. Loomis 2. FULL NAME Federalsburg, Md. (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Male White 5a. If merried, widowed, or divorced HUSBAND of Ellen Loomis HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, dey, end year) April 15, 1850 7. AGE If LESS than Days 1 dev.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance Date of onset & Trade, profession, or perticular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc ..... 9. Industry or business in which work was done, es SILK MILL. SAW MILL, BANK, etc.... 11. Total tima (yaars) spent in this Life occupation Life 1D. Date deceesed last worked at this occupation (monthland 1933 year) Pittsfield 12. BIRTHPLACE (city or town) .... Massachusetts (Stete or country) M. Loomis FATHER 13. NAME Pittsfield 14. BIRTHPLACE (city or town) .... Wassachusetts (State or country) MOTHER 15. MAIDEN NAME Lucy C. Frances 23. If death wes due to external causes (VIDLENCE) fill in also the following: 16. BIRTHPLACE (city or town) .... assachusetts (State or country) Whara did Injury occur?\_\_\_\_\_ (Specify city or town, county and State) Mrs. Charles Dean Preston, Md., R.F.D. Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, DR REMOVAL Manner of Injury

19. UNDERTAKER J. J. Framptom & Son (Address) Federalsburg, Maryland

20. FILED april 18th 37 5. 5. Frampto

24. Was disease or Injury In eny way releted to occupetion of daceased?

If so, specify

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

			bi Phisician	

DOD DEPOSITION OF A PROPERTY OF DAY DESCRIPTION OF A STATE OF A ST

24. Was disease or Injury In any way related to occupation of daceasad?

If so, specify (Signed)

If mode blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

MARGIN RESERVED

19. UNDERTAKER

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Cerebral hemorrhage 1 1987	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:	200	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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NOIL

V. S. No. 1 B. ż

1. PLACE OF DEATH	82-0	
County Lawline	Registration Dist. No. 64	
Village or City near Preston		Vard
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U. S. if of foreign birth?yrsmos,	ds.
2. FULL NAME Jula Murphy	If U. S. Veteran, specify WAR	
(a) Residence: No. Puston Md. R.F.R.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Maniel	21. DATE OF DEATH  (Month)  (Day)  (Year	,
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert F. Murphy	22. I HEREBY CERTIFY, That I attended deceased	
(61) HITE OF albert J. Marphy	april 9, 1937, to april 15, 193,	7
6. DATE OF BIRTH (month, day, end year) June 11, 1863	I last sew h 4 alive on afful 12 , 1937; death is	said
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at 57.35 fm.	
73 10 4 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
8 Trade profession or particular	allin Allinis 195	
9, Industry or business in which	Cerebral Fermontage Chr. 1	1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this prognation doneth and this prognation doneth and	Jan 1991	-74
10. Date deceased last worked at this occupation month and year) spent in this spent in this occupation.		
IN DIRECTION ACT (situation) But to a City	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Althurace (State or country) Manyland		
13. NAME - Neal		****
13. NAME Real  14. BIRTHPLACE (city or town) Bretinare	Name of operation	
(State or country)	What test confirmed diagnosis?	
15. MAIDEN NAME Mary Jane Stevens	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIOEN NAME Mary Jane Stevens  16. BIRTHPLACE (city or town) Betinge	Accident, suicide, or homicide?	
(State or country) Warsland	Where did injury occur?	
17. INFORMANT albert F. Murphy	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	••••
(Address) Preston Maryland R. F.D.		
Place Tederalsburg Md. Date april 18,1937	Manner of injury	
To the same of the	Nature of Injury	
19. UNOERTAKER J. J. Framptom - Son	24. Was disease or injury in any way related to occupation of deceased?	
(Address) (Hederalsburg, Maryland	If so, specify	
20. FILEO april 17-1937 JOS. Fram 5 Tons	(Signed) State MA	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago		
L SURPAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
The state of the s					

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE C	F DEA	TH			95-D	
	County	Ca	roline	*****		Registration Dist. No.	64
		,	ederalsh		(11 3.3_yrs,mos	No. St.,  'death occurred in a hospital or institution, give its NAME instead of street and  c. ds. How long In U.S. if of foreign birth? yrs. n	ward number)
2						If U. S. Veteran, specify WAR	
Colonia	(a) Reside	nce: No	redera.	(Usual place		St., Ward.  If nonresident give city or town and	d State
	PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. S M a	ale		hite	OR DIVORCE	RRIED, WIDOWED, ED (write the word) ried	21. DATE OF DEATH  April  (Month)  (Dey)	., 193. 7 (Year)
5e.	If married, wido HUSBAND of (or) WIFE of	wed, or div		Le Nage	1	22. I HEREBY CERTIFY, That I attended	19-31
6. E	ATE OF BIRTH	(month, da	y, and yeer) Ma	ay 26,	1887	I lest saw h in elive on 4/1, 19 3	7; deeth is seld
7. A		ers 49	Months 10	Deys 5	If LESS than 1 dey,hrs.	to heve occurred on the date stated above, etm,  The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were es follows:	Date of onset
OCCO	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Machinist  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Machine Shop  10. Date deceesed last worked et this occupation (month and year)					Cardiac Auronlosis  (Carsi anfamin)  Other Contributory Causes of importance:	7/1/57
ER	(Stete or co		lieb Nag	rel			
FATH	14. BIRTHPLAC		own)	many		Name of operation Date of Whet test confirmed diegnosis? Was there en	240
MOTHER	15. MAIDEN N  16. BIRTHPLAC		owa)	Oetlik Itzerla		23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the followin Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
	(Address)	Fed	s. Bessi deralsbu	e Nage	1	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC Pl	ate) LACE,
18.	Place F.e.			Idgate_Api	c. 419.37	Menner of injury	
_	(Address)	eder	Frampt alsburg	Md.	motom.	24. Was disease or injury In eny wey releted to occupetion of deceased?  If so, specify  (Signed)  (Address)	Yes M. D

MARGIN RESERVED FOR BINDIN CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PL

PHYSICIANS should state JRD. Every item of infor-

IS A PERMANENT RE stated EXACTLY. properly classified.

AGE should be

OCCUPA.

Exact statement of

Z

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAY 4	July 5, 1927	Peritonitis	3 days ago	
- DENU V	5.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION Is very important. See instructions on back of certificate. N. B.-WRITE PLANLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEAT		STATE	OF	MARYL	AND-	-CERTI	FICATE	OF	DEAT
---------------------------------------	--	-------	----	-------	------	--------	--------	----	------

1. PLACE OF DEATH			(18)
County Caroline			Registration Dist. Np. 64
Village or City Federal  Length of residence in city or town where		(16 yrsmos	No. St., Ward of death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Ruth F.	Oldham		If U. S. Veteran, specify WAR
(a) Residence: No. Federa		Maryland	
PERSONAL AND STATIST	TICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARK OR DIVORCED	(write the word)	21. DATE OF DEATH  April 7 , 193 7 (Month) (Dev) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Rufus C			22. I HEREBY CERTIFY, thet I attended deceased from 2, 1937, to 1937.
6. DATE OF BIRTH (month, dey, end year)		859	i lest saw h. 97 elive on
7. AGE Yeers Months 77 10	Days 26	If LESS then 1 dey,hrs. ormin.	to heve occurred on the dete stated above, et. am.  The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were es follows:
9. Industry or business in which	House wo Own home 11. Totel tir 1937 spen occup		Chamac Contributed Maffact ?  Dither Contributory Causes of Importance:
12. BIRTHPLACE (city or town) COC (Stete or country)	il Count	y Md	Slegge 01 4/2/91
13. NAME Cloud Pier	son		(Mente Valmoney Edere 4/12)
HE 13. NAME Cloud Pier 14. BIRTHPLACE (city or town) Cec (State or country)	il Count	y Md.	Neme of operation Date of Was There is a eulopsyll Co
15. MAIDEN NAME Rebecca	Roberts		23. if death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Rebecca 16. BIRTHPLACE (city or town) (Stete or country)	il Count Md	U .	Accident, suicide, or homicide?
17. INFORMANT Mrs. Thomas (Address) Federalsbu		<u>t</u>	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Elkton, Md.	Dete Apr.	10 ,19 37	Menner of injury
19. UNDERTAKER J. J. Fram (Address) Federalsbu	ptom & S	on	24. Wes disease or Injury in any way rejeted to occupation of deceased?
20. FILED april 8, 1937 5.		Registrar.	(Signed) Merse of Grandens M. J. (Address) Judies Surger M. J.
If mor	e blanks are needed, ac	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAY				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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INLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	EATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
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	PH	act	
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PE	d E	rly	cate.
IS A	state	prope	important. See instructions on back of certificate.
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# STATE OF MARYLAND-CERTIFICATE OF DEATH

a	)	0	11	ř	b
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1. PLACE	OF DEATH			107		· You
County	Carolin	-		,	Registration Dist. No.	62
Village o	r City Zleas L	Desil	وريو	NoNo		
	residence in city or town where	death occurred		ds. How long in U.S. if of		
2. FULL N	IAME Thela.	Saguel	Skeale	If U.S. Veteran specify	WAR	
	dence: No.	Zeew (Usual place		St., Ward.	If nonresident give city or to	
PERSO	DNAL AND STATIST	ICAL PART	ICULARS	MEDICAL CE	RTIFICATE OF DEA	
3. SEX 3/7	4. COLOR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED,  O (write the word)	21. DATE OF DEATH	aur. 12!	, 193_ 7
5a. If married, with	dowed, or divorced				(Month) (Day)	(Year)
HUSBAND of	†				CERTIFY, That I a	Ittended deceased from
6. DATE OF BIRT	TH (month, day, and year)	usrl.	12 37	I last saw h alive on	april 11	1937; death is said
7. AGE	Years Months	Days	If LESS than	to have occurred on the date stated	above, at 3 Am.	
	XX	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	A and related causes of importan	
8. Trade, pr	ofession, or particular			1		Data of onset
SAWY	of work done, as SPINNER, (ER, BOOKKEEPER, etc		••••••	12mdes	Meumia	Chris 10.19
kind of SAWY 9. Industry of work SAW 10. Date decident	or business in which was done, as SILK MILL, MILL, BANK, etc					
- (1113 0	eased last worked at ccupation (month and	spe	time (years) ent in this			
) jest)		003	upation	Other Contributory Causes of impor	tance:	
12. BIRTHPLACE					- por frage of -	
(State or o	country) Zue	all the	rue .	Suspect Empirila	pating duclus	
13. NAME	restow	spice	lier	andes	iors	
14. BIRTHPL	ACE (city or town)	/	A	Name of operation	D	ate of
(State	e or country)	arrylo	seed	What test confirmed diagnosis?	Was th	here an autopsy?
15. MAIDEN  16. BIRTHPL	NAME Faccis	els	redere	23. If death was due to external caus		
16. BIRTHPLA	ACE (city or town)	U		Accident, suicide, or homicide?		
≤ (State	or country) Zuco	reslac	sel.	Where did injury occur?		
17. INFORMANT _ (Address)		iles	pictur	Specify whether injury occurred in	(Specify city or town, county INDUSTRY, in HOME, or in PUE	and State) BLIC PLACE.
18. BURIAL, CRES	AATION, OR REMOVAL	. a. aks	1 13 11	Manner of injury		
Piace_/\_	prosentation place	Whate US	-5/-2/, 19/	Nature of injury		
19. UNDERTAKER (Address)		e de	2012	24. Was disease or injury in any way	y related to occupation of decea	sed?
20. FILED 4	0	009	euge	(Signed)	Jan Im	15 M. D
			Registrar.	(Address)	- Werston	MA

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Example E   V E D	processing to the state of the	Example II	
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Chronic interstitial nephritis RUREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	200
Gallstones	May 1,1923	Gastroenteritis	1 year

Date of onset

Registration Dist. No.

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

That I attended deceased from

The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance

Question: about 3 weeks prior to

23. If death was due to external causes (VIOLENCE) fill In also the following:

(Specify city or town, county and State)

24. Was disease or injury in any wey related to occupetion of deceesed?

(Address)

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MAY 6 1937			
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